



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R3 / 1-11)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance
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Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Section C of your APR should be signed by your ISO 14001:2004 EMS Lead Auditor. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at esp@idem.IN.gov. Please do not include any confidential business information in your annual performance report. Public access laws require IDEM to make the APR publicly available, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at esp@idem.IN.gov or (800) 988-7901.

SECTION A

FACILITY INFORMATION

Name of facility

Kimball Electronics - Jasper

Name of parent company (if applicable)

Kimball International, Inc.

Street address (number and street)

1038 E. 15th Street

City / State / ZIP code

Jasper, INdiana 47549

Web site of Facility/Company

www.kimballelectronics.com

CONTACT INFORMATION

Name of Contact (Mr. / Mrs. / Ms. / Dr.)

Mr. Ken Sicard

Title

EH&S Manager

Telephone number

812-634-4176

FAX number

812-634-4540

E-mail address

ken.sicard@kimball.com

Mailing address (if different from facility address)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (month, day, year)

01/01/2013 to 12/31/2013

1a. Is this the third Annual Performance Report of your membership term?

☒ Yes—If yes, answer question 1b.

☐ No—If no, skip to the "Change in Information" section of this report.

1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?

☒ Yes—If yes, please complete all sections of this annual report.

☐ No—If no, please complete all sections of this annual report except for Section F.

CHANGE IN INFORMATION

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

☐ Yes—If yes, please describe them:

☒ No

SECTION B

PUBLIC OUTREACH AND PERFORMANCE REPORTING

Why do we need this information?

IDEM needs to know how environmental information was shared with the public.

What do you need to do?

Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. We now report Carbon Disclosure Project. We have a CSR report on our web site.

Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.

☒ Web site (<http://www.kimballelectronics.com>) ☐ Open house ☐ Meetings ☒ Press releases ☒ Other Carbon Disclosure Project

SECTION C

ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT

Why do we need this information?

Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001:2004 EMS Lead Auditor at least every 36 months to assess the EMS.

What do you need to do?

Answer the following questions about your EMS.

1.	What is the most recent date that an ISO 14001:2004 EMS Lead Auditor performed an EMS assessment at your facility?	March 3,4,&5, 2014
2.	Is the date of the most recent EMS assessment performed by an ISO 14001:2004 EMS Lead Auditor within the past 36 months?	
	<input checked="" type="checkbox"/> Yes—If yes, skip to Question 3. <input type="checkbox"/> No—If no, please have your ISO 14001: 2004 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership:	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence of senior management support, commitment, and approval.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Identification of the environmental aspects at the entity.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Documentation of the implementation procedures and the results of implementation.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Appropriate written EMS procedures.	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No An annual evaluation of the EMS with written results provided to senior management and affected employees.	
<i>See Attached Signature - LAST Page</i>		03/26/2014
Signature of ISO 14001:2004 EMS Lead Auditor		Date (month, day, year)
3.	Were any deficiencies found during the most recent EMS assessment?	
	<input checked="" type="checkbox"/> No—If no, skip to Question 4. <input type="checkbox"/> Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency:	
4.	Name, title, and organization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: B. Godshall; SAI Global	
5.	What type of protocol was used to perform the independent EMS assessment?	
	<input checked="" type="checkbox"/> ISO 14001:2004 Certified audit <input type="checkbox"/> Responsible Care EMS audit <input type="checkbox"/> Responsible Care 14001 audit <input type="checkbox"/> ESP Independent Assessment Protocol <input type="checkbox"/> Other (please specify):	
6.	Is the EMS certified to a recognized standard?	
	<input checked="" type="checkbox"/> Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)? <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> ISO 14001:2004 <input type="checkbox"/> Responsible Care EMS <input type="checkbox"/> Responsible Care 14001 </div> <input type="checkbox"/> No.	
7.	When was the last Senior Management review of your EMS completed?	
	Month / Year: January 2014	
	Who headed the review (name and title)? Shawn Ouderkirk (General Manager) and Ken Sicard	

8. When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.
 Scope of the compliance audit: Compliance
 Month(s) / Year(s): February 2014
 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate

9. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?
No emergencies.

10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?
☐ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).
☐ No—If no, please explain your plans to correct these instances. ☒ No such instances identified.

11. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in Section E. You may limit the summary to environmental aspects that are *significant* and towards which *progress* has been made during the last calendar year. Attach additional sheets as necessary.

Environmental aspect	Progress made this year (e.g., quantitative or qualitative improvements, activities conducted)
Reduction of electricity 2013	Reduced by 8.54% from 2011 baseline
Recycle 2013 (\$10,695 savings)	Recycled 92.1% of all waste generated (813,139# recycle / 69640# to landfill)

SECTION D ADDITIONAL INFORMATION

Why do we need this information?
 This information will help IDEM to effectively manage the Environmental Stewardship Program.

What do you need to do?
 Answer the questions as completely as possible.

1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months.
No awards received. Participants in the Indiana Partners for Pollution Prevention

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
None, other than 24 hour audit notice,

3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?
We were registered before we joined ESP.

SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS

Why do we need this information?
 Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period.

What do you need to do?
 Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR.

Category: <u>Energy Use</u> Indicator: <u>Electrical</u>	Baseline Quantity	Future Goal Quantity	Current Quantity	Cost Savings
Calendar year	2011	end of 2014	2013	\$66,408 in 2013
Actual quantity (per year)	9,325,941 kWh	8,358,733 kWh	8,529,320 kWh	
Normalized quantity (per year)	8.29 kWh/people hour	7.10 kWh/people hr	7.24 kWh/people hour	
Basis for your normalizing factor (e.g., gallons of paint produced)	employee hours worked (OSHA hours)			
Measurement unit (e.g., pounds)	kWh			

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.
We rebuilt one of our chillers to improve it's efficiency and continue to turn off power when not needed.

Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).
IDEM; Partners for Pollution Prevention (P4P2); EPA; Carbon Disclosure Project

(Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here.
Reduction in electricity is now in it's 5th year; recycle percentage of waste is in it's 6th year of over 85%, reduction of Natural gas was not successful last year.

SECTION F
ENVIRONMENTAL IMPROVEMENT INITIATIVE
Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

What do you need to do?

Refer to the Environmental Performance Table and answer the following questions.

- 1 Select the appropriate boxes in the following table to indicate the category and indicator(s) that represents the environmental improvement initiative selected by your facility. For the category and indicator selected, list the baseline year (e.g., 2009) and the future year (e.g., 2010). Next, list the baseline annual quantity (e.g., 5 tons) and future annual quantity (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 20__11	Future Year 20__14	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			Pounds, tons
	<input type="checkbox"/> Hazardous/toxic components			Pounds, tons
<input type="checkbox"/> Suppliers' Environmental Performance	<input type="checkbox"/> Specify indicator: _____			As specified for the particular indicator
<input type="checkbox"/> Material Use	<input type="checkbox"/> Materials used			Pounds, tons
	<input type="checkbox"/> Hazardous materials used			Pounds, tons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			Pounds, tons
<input type="checkbox"/> Water Use	<input type="checkbox"/> Total water used			Gallons
<input checked="" type="checkbox"/> Energy Use	<input checked="" type="checkbox"/> Electricity	9,325,941 kWh	8,358,733 kWh	kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft ³
	<input type="checkbox"/> Natural gas			Btu / MMBtu
	<input type="checkbox"/> Diesel			Gallons
	<input type="checkbox"/> Propane / LPG			Btu / MMBtu, gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			kWh / MWh
	<input type="checkbox"/> Wind			kWh / MWh
	<input type="checkbox"/> Landfill gas			Btu / MMBtu
	<input type="checkbox"/> Combined heat and power			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			Square feet, acres
	<input type="checkbox"/> Community land revitalization			Square feet, acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO2E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NOx, SOx, PM _{2.5} , PM ₁₀ , or CO			Pounds, tons
	<input type="checkbox"/> Air toxics			Pounds, tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			Curies, Becquerels
	<input type="checkbox"/> Dust			Pounds, tons
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> COD or BOD			Pounds, tons
	<input type="checkbox"/> Toxics			Pounds, tons
	<input type="checkbox"/> Total suspended solids			Pounds, tons
	<input type="checkbox"/> Nutrients			Pounds, tons of N or P
	<input type="checkbox"/> Sediment from runoff			Pounds, tons
	<input type="checkbox"/> Pathogens			MPN/ml, CFU/ml
<input checked="" type="checkbox"/> Non-hazardous Waste	<input type="checkbox"/> Landfill			Pounds, tons
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Incineration			Pounds, tons
	<input type="checkbox"/> Reused/recycled off-site	829,018 # (89.1)	815,000 # (91%)	Pounds, tons, gallons
	<input type="checkbox"/> Other: _____			Pounds, tons, gallons
<input type="checkbox"/> Noise	<input type="checkbox"/> Noise			dBA
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration			Inches per second
<input type="checkbox"/> Products	<input type="checkbox"/> Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			Pounds, tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			Pounds, tons

- 2 What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? We have rebuilt our second chiller (this should drive a reduction in kWh; recycling is still a major factor in our daily life).

- 3 Does this initiative address a significant aspect in your EMS?

☒ Yes

☐ No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative:


CERTIFICATION AND PLEDGE

On behalf of (name of facility) Kimball Electronics - Jasper

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, the employees of Kimball Electronics Jasper, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature 	Title General Manager	Date (month, day, year) 04/25/2014
Printed signature Jason Davis		

Attached for Signature of ISO 14001 Lead Auditor

Ken Secord

SECTION D ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT	
<p>Why do we need this information? Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001:2004 EMS Lead Auditor at least every 36 months to assess the EMS.</p> <p>What do you need to do? Have your ISO 14001:2004 EMS Lead Auditor sign Section C confirming your EMS meets ESP requirements.</p>	
1. What was the date of the last independent EMS assessment performed by an ISO 14001:2004 EMS Lead Auditor at this facility (month/year)? This date must be within the past 36 months to qualify for ESP membership. <u>March 3, 4, and 5, 2014</u>	
2. Does the applicant's EMS meet the following criteria for membership (to be completed by the ISO 14001:2004 EMS Lead Auditor)?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of senior management support, commitment, and approval.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Identification of the environmental aspects at the entity.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Documentation of the implementation procedures and the results of implementation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate written EMS procedures.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	An annual evaluation of the EMS with written results provided to senior management and affected employees.
<p><i>Bruce Godshall</i> <u>3-25-2014</u> Signature of ISO 14001:2004 EMS Lead Auditor Date (month, day, year)</p> <p><i>Ken Secord</i> <u>3/25/2014</u> Signature of Facility Contact Date (month, day, year)</p>	
3. Were any deficiencies found during the most recent EMS assessment?	
<input checked="" type="checkbox"/> No—If no, skip to Question 4.	
<input type="checkbox"/> Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: _____	
4. Name, title, and organization of ISO 14001:2004 EMS Lead Auditor that conducted the last EMS assessment: <u>Bruce Godshall, Lead Auditor, SAI Global</u>	
5. What type of protocol was used to perform the independent assessment?	
<input checked="" type="checkbox"/> ISO 14001:2004 Certified audit	
<input type="checkbox"/> Responsible Care EMS audit	
<input type="checkbox"/> Responsible Care 14001 audit	
<input type="checkbox"/> ESP Independent Assessment Protocol	
<input type="checkbox"/> Other (please specify): _____	
6. Is the EMS certified to a recognized standard?	
<input checked="" type="checkbox"/> Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)?	
<input checked="" type="checkbox"/> ISO 14001:2004	
<input type="checkbox"/> Responsible Care EMS	
<input type="checkbox"/> Responsible Care 14001	
<input type="checkbox"/> No	